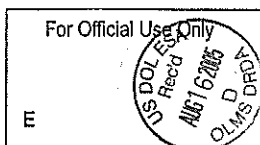


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3335</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Mark A. Frey</u> P.O. Box, Bldg., Room No., if any <u>Suite 120</u> Street <u>6511 Eastland Road</u> City <u>Brookpark</u> State <u>OH</u> ZIP Code + 4 <u>44142</u>	4. Name, file number, and address of labor organization. Name <u>Automobile Transporters, New Trailer and Armored Car Drivers, Airline Mechanics and Garagemen Union, Teamsters Local 964</u> Labor Organization File Number <u>010-485</u> P.O. Box, Building and Room Number, if any <u>Suite 120</u> Street <u>6511 Eastland Road</u> City <u>Brookpark</u> State <u>OH</u> ZIP Code + 4 <u>44142</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Mark A. Frey</u>	On <u>8-11-05</u> Date	(440) 243-8715 Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Greater Cleveland Automobile Dealers Association**Trade Name, if any: **GCADA**

P.O. Box, Bldg., Room No., if any

Street **10100 Brecksville Road**City **Brecksville**State **Ohio**ZIP Code + 4 **44141**

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Dealers-Unions Insurance Fund**Trade Name, if any: **DUIF**

P.O. Box, Bldg., Room No., if any

Street **2902 Euclid Avenue**City **Cleveland**State **Ohio**ZIP Code + 4 **44115**

11.a. Nature of such dealing.

See Attachment11.b. Approximate dollar value of such dealing. **\$60.00**

12.a. Nature of interest held or income received.

Business Lunch - December 16, 200412.b. Amount. **Approx. \$60.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

**Attachment to LM-30
for
Mark A. Frey
Fiscal Year 1/1/04-12/31/04**

11.a.

GCADA is a membership association comprised of automobile dealers, many of which have collective bargaining agreements with Local 964. GCADA itself has no such collective bargaining agreements. In addition, GCADA appoints one of the trustees that sits on the Board of Trustees of DUIF, which is a collectively bargained health and welfare fund. GCADA paid for a business lunch for the union-appointed trustees of that fund and other fund personnel and professionals following a December 16, 2004 trustees meeting.

Previous LM-30 was filed on July 11, 2005. The information contained in this filing was given to us on 8/5/05. This is a second filing.